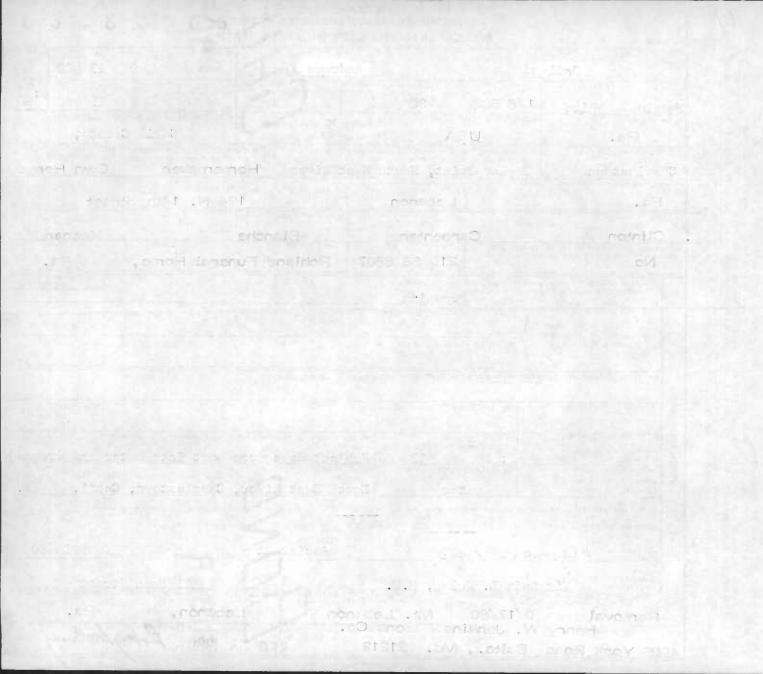
7	U		OR			DEI	PARTA	STATI	E OF MA			HYGIEN	IEH- [	)	2	3 3	8 3
1	7		TATE			MEDI	CALE	XAMINE	R'S CE	RTIFIC	CATE	OF DEA	ATH	REG. NO	O.		
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	0 0 0 0 ST	Fem	ale	White	1/6/	/50	YEAR	30 YRS		DAYS	HOURS	MIN	PRONOUN DE AD		9	13 198	
	SSA RAL HIN EST		THPLACE (SEIGN COUNTRY)	TATE OR	76 CITIZEI	N OF WHAT	COUNT	RY?	MARRIE	NE'	VER MAR	RIED 🗌	9 BALTIM		_	TY OF DEATH	
	PRE PRE	1	Pa			US			WIDOWE	D 🗆	DIVOR	CED 🗆				unty,	MD
	SE S	10 CI	Y OR TOWN	OF DEATH		OF HOSPIT		SING HOME,	OR OTHER	RINSTITU	TION	12a USI	MOST OF WOR	ATION (TYPE	E OF WORK	126 KIND OF OR INDU	BUSINESS
	DELAY 1S. N. TO THE F. TO THE F. S. PAGE 58 BE FILED.	Ch	arlest		Pop1	lar Po	int,	North	East	t Riv	er		mema			Own	Home
_	TAIN TAIN ORDS	WSUA 13a, ST	RESIDENCE	(IF IN N SWO HE C	OR OTHER INSTI	TUTION, GIVE RI	ESIDENCE E	DEFORE ADMISSION	N) .			13e STR	REET ADDRE	SS			
21201	AND		Pa.					anon		YES 🗌	NO [	1:	24 N.	. 14th	n Str	reet	
D. 2	H 2.2. SF	14 FA	THER'S NAME		MIDDLE			AST		5. MOTHE	R'S MAIL	DEN NAME	E	IDDLE		LAST	
¥	PAND NO		Clintor	1			rper	nter			Bla	nche				Keer	er
ON	S I AND OF ON OT	16a. W	AS DECEASE	DEVER IN U.S. AR	MED FORCE			IAL SECURITY		7. INFOR/				ADDRESS			
BALTIMORE	SGHZA		S. NO OR UNKNO	(			210	38 66	507	Rol	hlan	d Fu	neral	Hom	ne,		Pa.
			18 CAUSE C	F DEATH (Enter an	ly ane cause	e per line far	(a), (b),	and (c).)								BETWEEN O	NATE INTERVAL
PRESTON ST.,	A 24 HOU I ITEM 18 ALONG PERMIT. I'GIENE, I		PARTIDE	EATH WAS CAUSE	D BY: TE CAUSE (:	o) D	rowr	ning									
10	A ALC YGIE	3	710	2	DUE	E TO, OR AS	ACON	SEOUENCE O	F								
ES S	CIL INER			ns, if any, which se to immediate		b)					- 11		200				
×.			cause (a	stating the under-			A CON	SEQUENCE O	F								
301	A X A X		lying car	use last.		c)											
OF VITAL RECORDS, :	A B A C	-	PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING	TO GEATH BUT	NOT RELAT	TEO TO THE TERMIN	NAL DISEASE (	OR CONDITIO	N GIVEN IN I	PARI I a.				24	
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۵	WE AND THE	1	AT WORK	NOT WHILE [		wat	er_				st R	iver.	Char	lesto	wn,	Jecil,	Md.
	INER: THIS ICATE, WE FORWAR TOR: PAG THE STATI	1	22a. I cert	ify that I taak char	ge af the rer	mains descril	bed aba	ve, held an	Autapsy	X	Inspect	ian .	Inquiry	L. 0	nd in my a	pinian	
	NEW CHEST	1	death result	ted fram: Natu	ral causes	. A	ccident	X Suid	cide	Hami	cide	Unde	termined mo	anner .			
	KAAA IID B			11		-00		-39			SPECIFY)				0.75	0.15	1 100
	WAY WAY		ACTUAL SIGNATURE	Mrgu	MG,	2	the		M.	Ass	ista	nt MEI	DICAL EXAM	AINER	DATE	ED 9/1	4/80
	DIC A SEA	1	EXAMINER'S	NAME &			)										
	SHE EN EN	i	TYPE OR PR	INT) Vir	ginia	L. Do	lan	M.D.	A	DDRESS_				11 Pe	nn St	reet	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. TO FUNERAL WITH THE ST BALTIMORE, MARTINIO, 213	23a. B	JRIAL, CREMA	TION, REMOVAL				NAME OF CEN			ORY	C 133	OCATION Y OR TOWN		COL	JNTY Do	STATE
	BP	-	Remo	val	9/17	7/80		Mt. L					ebano			Pa.	
	DHMH - 17	24_F	JNERAL DIRE	CTOHenry		ADDRESS				T. O			Y REGISTRA	1901	TRAR'S	SIGNATURE	roly
	(VR A15 ME (5)) 15M 7/76	49	05 Yo	rk Road	Bai	lto.,	Md.	. 212	12		SI	P 1	5 1981	U	7	,, ,,	/



ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours af

		FOR	0501074	STATE OF MARYLAND	S (1)	233
	1-	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO  CERTIFICATE OF DEATH	REG. NO	2.0
		CEASED NAME ( PAST OR PRINT)	ter W.	BARCUS ST		9/29/80 1 P
JCe.	3. SE	M	1 RACE	S DATE OF BIRTH  MONTH DAY YEAR  A A A A A A A A A A A A A A A A A A	AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOUR
fred at or	7e Bi	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR	-1119
lo / pe not	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION LIVE OF WORK FOR MOST OF	
iner mus	USU.		ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	134 INSIDE CITY LIMITS?	13a STREET ADDRESS	4. 2. 4. 6. 1. 5
cal exam	14 FA	THER'S NAME FIRST  ALTER H	MODIE BATTCUS	15 MOTHER'S MAIDEN NA	- 1 1 · · ·	PATTON
the med		VAS DECEASED EVER IN U.S. AF	/E WAR OR DATES]	FITY NO 17 INFORMANT	ADDRES. BARCUS	CHESMEN!
racm		183-	DUE TO, OR AS A CONSEQUE	ENCE OF	ê.	
any injury, or other traum	TION		DUE TO, OR AS ACONSEOUS  (c)  CONDITIONS CONTRIBUTING TO	ENCE OF TELETED TO THE TERM		
8 shows any injury, or other traum	RTIFICATION	gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS ACONSEOUS  (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20h IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES NO
ed or Item 18 shows any injury, or other traum	REDICAL CERTIFICATION	gove rise to immediate cause 101, stating the underlying cause last  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFET MEDICAL EXAMINER  214. IN JURY OCCURRED	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  19b. CONDIT	OPERATION WAS PERFORMED  216 HOW INJURY OCCUR 19 211 LOCATION	200 AUTOPSY?	20% IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES NO IN TIEM 18, PART I OR PART 2]
em 21 is marked or I tem 18 shows any injury, or other traum	MEDICAL CERTIFICATION	gove rise to immediate cause on, stating the underlying cause lost underlying cause lost part of the underlying cause lost of the underlying cause lost of the underlying of contributing cause of the contribution cause of the underlying of contribution of cause of the underlying of	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I  19b CONDITION FOR WHICH  21b TIME OF INJURY HOUR A.M. MONTH D. P.M.  21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  19  8  21 19  8	200 AUTOPSY? YES NO CONTROL NATURE OF INJURY CITY OR TOWN	20h IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES NO HNITEM 18, PART I OR PART 2   COUNTY  19 that ( te and hour and from the cause)
TANT: If Item 21 is marked or Item 18 shows any injury, or other traum		gove rise to immediate cause rat, stating the underlying cause last part of the underlying cause last part of the underlying cause last part of the underlying cause of the contributing cause of the contributing cause of the contributing cause of the contributing cause of the contribution cause cause of the contribution cause cause of the contribution cause	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO 1  19b CONDITION FOR WHICH  21b TIME OF INJURY HOUR A.M. MONTH D. 11 P.M.  21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  AY YEAR  19  ARM. ETC.   211 LOCATION STREET  DEGREE  DEGREE  AYEARDAIG  DEGREE  AYEARDAIG  AYEAR  10  ARM. ETC.   211 LOCATION STREET  AYEAR  DEGREE  AYEARDAIG  AYEARANA AYEAR	200 AUTOPSY? YES NO CONTROL NATURE OF INJURY CITY OR TOWN	20h IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES NO INITEM 18, PART I OR PART 21  COUNTY  19 that ( 19 and hour and from the cause)
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traum	MEDICAL	gove rise to immediate cause ray, stoting the underlying cause last the underlying cause last the underlying cause last the underlying cause last the underlying cause of December 19 and underlying cause of Dece	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  ATH HOUR AM. MONTH D. P.M.  21h PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.  (at) view the bady after deaths	OPERATION WAS PERFORMED  AY YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN deoth occurred on the dat	20h IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES NO INITEM 18, PART I OR PART 21  COUNTY  19 that ( 19 and hour and from the cause)

STREET TO THE BOWNER OF STREET The testing Them to be a little of the 

# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, is should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. WIPORTAINT. If them 21 is marked or frem 18 shows any injury, or other traumatic event, the medical examiner must be partified at once. requires that the death certificate be executed within 24 hours often TTENDING PHYSICIAN The low retained by the hospital or attending physician

BP.

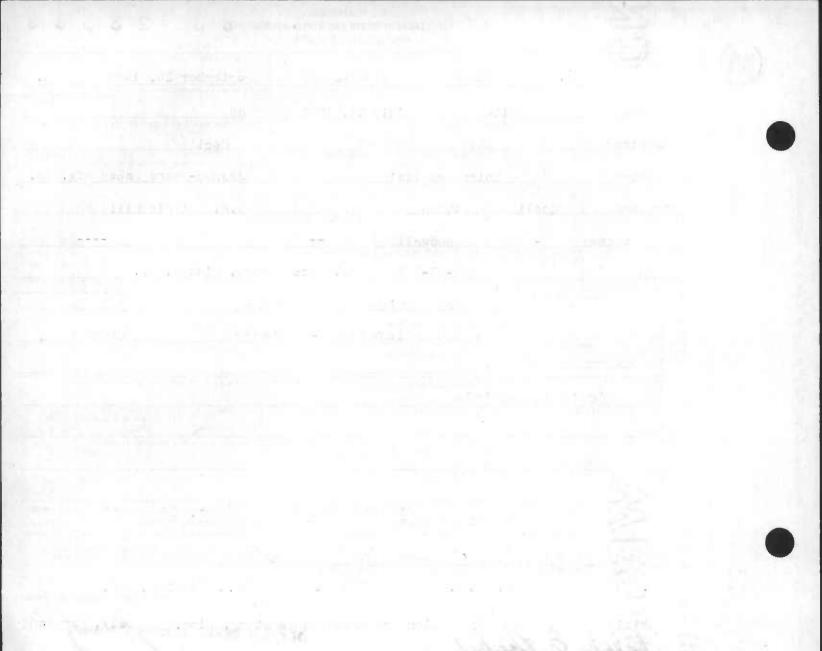
DHMH-16 20M (VRA 15, 4) 7/78

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 8 5 2

	ATE GISTRAR				CERTIF	ICATE OF DEATH		REG. NO					
	ED NAME	FIRST	A	MIDDLE		AST	2a DATE OF		HIMON	DAY	YEAR	26 HO	UR
PRIP	INT)	J.	F	'RANK	BE	DWELL	Sent	ember	20.	1986	0		p.
_			4 RACE		5. DATE C	OF BIRTH	& AGE (IN YE	-		# UNDE	-	IF UNDE	_
4.	-1-		17h 1 h =		MONTH		00			MONTHS	DAYS	HOURS	MIN
	A Le	FOREIGN	White	WHAT COUNTRY?	July	23, 1892	1 BALTIMOI	RE CITY OF	YRS	LY OF DE	ATH	_	
TRY	(Y)	ONE IOI			MARRIED   NEVER MARRIED			BALTIMORE CITY OR COUNTY OF					
	y land	ATH		SA HOSPITAL NUPSIN		WIDOWED DIVORCED DIVORCED DIVORCED		ecil CCUPATK	M	126	KINDO	F BUSIN	A DESS O
		OIII		H FACILITY, GIVE STREET		DDRESS)		FOR MOST OF	WORKING	LIFE) IND	USTRY		
_	kton	V INC HOME OF	Union Hospital  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO				Jes	sup-M	oore	Pap	er M	fg.	Co
TE	SIDENCE (IF NOR	136 COUN					13e. STREET A	DDRESS					
	land	Ce	cil	Elkton		YES NO 👿	R.D	. (	Fair	Hil	1)		
14 FATHER'S NAME FIRST MIDDLE			WIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE			LAS	T.	
	George		-	Bedwe	Bedwell							-	
160 WAS DECEASED EVER IN U.S. ARM			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRES	SS					
NO				218-03-8978 Mrs. Betty Moore, Elkton,						d.			
=		TH (Enter on	ly one couse per	line for (a), (b), and							APPROX	MATE INTE	RVAL
P	PART I DEATH V	WAS CAUSE	D BY			e heart fai	1			-	1		7.04
	Acute bronch:		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 1 itis DITION FOR WHICH OPERATION WAS PERFORMED			20a AUTO	PSY?	206 IF Y	ES, WERE	FINDI	NGS USE	TH?	
_			7 216 TIME O	S IN LILEDY		Tati ugu kuusy oogus	YES .	NO		YES		NO [	
FEI	ACCIDENT WAS UN CONTRIBUTING  EITHER, NOTIFY MEDIC INJURY OCCUR	CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR 19		RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)			PARI 2)			
/HI	ORK NOT V	WHILE C	(AT HOME, STR	REET, FACTORY, OFFICE, F	FARM, ETC.)  211 LOCATION STREET CITY OF TOWN					COU	YTM	5	STATE
9	sow the deceos	sed olive on	Augusti view the body	ST /1198	A <del>ggu</del> i	ust 13, 1976 and that in (my) (assert opinion	deoth occurred	on the do	20 te and he				
	SIGNATURE	Repl	Ultru	them_		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR (	STAF PHYSIC				SIGNED	
d. F	. Ralpl		rews,	M.D.		233 E. Mai	n St.,	E1k	ton	, Mc	1.		
IAI	AL, CREMATION	, REMOVAL	236. DATE	23 c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCA	TION		COUNTY		.51	TATE
			9/23/	80 710	n Pre	chyterian for	no tenv	Zion					
R	AL, CREMATION			23c N	n Pre		CEMETERY OR CREMATORY	EMETERY OR CREMATORY 234. LOCA	EMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	CEMETERY OR CREMATORY 23d. LOCATION COUNTY COUNTY	CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN COUNTY	CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY ST



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completely filled in by the funeral dir . 1 and 2 should be filed within 72 hou

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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G	lu	0	V	0	6

		REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	0				
		EASED NAME FIRST		MIDDLE	17.00	LAST		MONTH	DAY	YEAR	26 HOL	JR
	(11120	EMMA			BA	PU GGER		SEPT.	23	1980	10:0	15 PM
	3 SEX		RACE		5 DATE (		6 AGE (IN YEARS LAST BIRT	HDAY	IF UNDER		IF Charles	2.4 HRS
	F	-emole	CRUC.	ASIAN	MAG	- 41 - 72	9	YRS.	MONTHS	DAYS	HOURS	MIN
7		THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	5	BALTIMORE CITY O	RCOUNT	Y OF DE	ATH		
1		ITZERLAND	U.S.A	1.	WIDOW				CE	cil		MD
-	10 CITY	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR				F BUSIN	ESS OR
1	CA	ILVERT, Md.	0	T MANO	. 1.	rs, Home tre	Gavenn				estic	
1	USUAL 13a ST	ATE LIST COUN		GIVE RESIDENCE BEFOR		1138 INSIDE CITY LIMITS?	13e STREET ADDRESS	-				
0	DE	LAWARE NEW	CACTLE	NEWAR		YES NO	Rox 76521					
	14 FAT	HER'S NAME	IDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME			LAST		
1		JOHN =	TACK	BRUG	GER	PAULIN	E			Ho	fe	
į		AS DECEASED EVER IN U.S. ARA 5, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	25 K	iens	ingt	6 11	LANE
				192-26-	73321	Donald R	mc LAugi	Blin	No	WH	RK	Deli
	1	IS CAUSE OF DEATH Enter online PART I. DEATH WAS CAUSED	y one cause per	line for ia (b , an	dic	1		+	Bi	APPROXI	MATE INTE	RVAL DEATH
			CAUSE (0)	Ce	rebi	no vois ovian	acci go	No		10	Lax	
		436-	DUE TO, O	R AS A CONSEOU	ENCE OF	A . 1.				-	A	
		Conditions, if any, which gave rise to immediate	(b)_	Gene	mar (	arterioscle	A. 21.C			0	WYV.	)
		cause (a, stating the underlying cause last	DUE TO, O	R AS A CONSEQU	ENCE OF							
			( 10)						1			
	Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN P	ART IIo		
	CERTIFICATION	90 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	1206. IF YE	S. WERE	FINDIN	GS USE	D
	IFIC				0.5	TO TEM OWNED	YES NO M	IN CERT				TH?
-	ERT	7 10. ACCIDENT WAS UNDERLYING	216 TIME O			21c HOW INJURY OCCURR				PART 2)	140 [	
ľ		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR							
	$\simeq$	114 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION						
-		WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, I	FARM, ETC.]	STREET	CITY OR TOW	/N	COUR	11A	SI	TATE
		220.1 certify that (I) (this hospite	ol) attended th	e deceased from_	6	2 19 78	9-2	3	19 0	<u></u>	that (I) (	we) lost
		saw the deceased plive on abave. (1) (we) (did) (did not	9-23	8.5		nd that in (my) (our) opinion o	death accurred on the do	te and had	ur and fro			
	1	22b. SIGNATURE	view the body			DEGREE			220	DATES	SIGNED	
		m. J	mulos	- Ma	)	ATTENDING PHYSICIAN	MEDICAL STAF	IAN 🗆	(	9-24	4-19	080
	2	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e ADDRESS				- 0		
		Neal Taylo	г. М.Г	).		Rising Sun,	Maryland					
		IRIAL, CREMATION, REMOVAL	23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		CONNEY		67	ATC
		emation	9-24-	1980 Si	lverh	rook Cremate		N.	C.	Dela	awaj	re

BP

TO HOSPITAL OR ATTENDING PHYSICIAN The

etained by the haspital or

attending physician

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbonpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, th

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Panucie Per ellam

Newark, Dela

Silverbrook Crematory, Wilm. N.C. Delawan N.C. Delaware

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Stands			HIVE THE		
100 C. P. C. C. P. P. C. P. C. P. P. C.					

	with the State Dept of Reolth and Mental Hygiene prior to buriol, cremation, or removal
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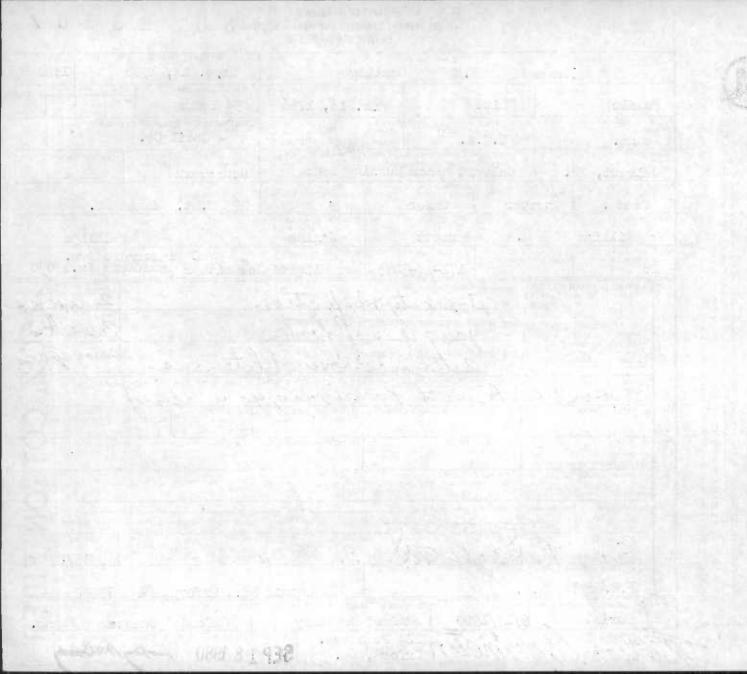
STATE OF MARYLAND 3 3 8 7 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR			CERTIF	CATE OF DEATH	REG. N	10		
	(TYPE OR PRINT)	FIRST	WIDDLE	Į.	AST	20 DATE OF DEATH		YEAR	26 HOUR 1:00 Pl
		Rhoda	K.	Bunti	ng	Sept. 14	, 1980	1:0	
		4 RA		5 DATE C		& AGE (IN YEARS LAST BIR	14 (34)	INDER FEAR	IF NDER 14 HR
	'emale		White	Mar	. 16, 1886	94 Years	YRS		
(	IRTHPLACE STATE O	OR FOREIGN 76 C	ITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	_	DEATH	
	Penna.		U.S.A.	WIDOWE	Little.	Cecil Co.			MD
0	Calvert,	Md.	Name of Hospital, Nur if Not in Such Facility, give st Calvert Manc	reet address) or Nursi		120 USUAL OCCUPATION (179E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWORK HOIDE			F BUSINESS OR
130. 5	Penna.	Cheste	134 CITY OR TO OXf	OWN	136 INSIDE CITY LIMITS?	Vernon	St.		
	Willia		Barnet		15 MOTHER'S MAIDEN NA FIRST  Jamima	WE	P	hilli;	ps
2	WAS DECEASED EV YES, NO OR UNKNOWN) NO	(IF YES, GIVE WAR	OR DATES)		Mrs Mildred	8°°% Schweitzer	finderme Lansdow	re Av ne Pa	19050
	18 CAUSE OF DE PART I. DEATH	IMMEDIATE CA	DUE TO, OR AS A CONSE	OUE CE OF	infection			31V	eck
	gave rise to cause ia str underlying co	immediate ating the use lost	10 aster	QUENCE OF	crosisol	literan	A	many	you
NOI	PART 2 OTHER S	etc	MA with	Post post	rot related to the term	gluera	lized	IN PART 1 c	
CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED /	YES NO	TOB IF YES, WIN CERTIFYIN		
	210. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY MI	CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF MIL	RY IN ITEM 18, PART	OR PART 2)	
MEDICAL	21d INJURY OCC		Te. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a I certify that	(I) (this haspital) a	ttended the deceased fro	m	. 19	to	. 19		That (I (we) lost
	sow the dece	eosed alive an	whe body ofter death	, on	d that in (my) (our) opinion	death occurred an the d	ote and hour an	id from the	causes stated
	22b. SIGNATURE	e Rix	Doyle To	HACK)		MEDICAL STA	FF CIAN []	9/1:	SIGNED
		yle, M.D.			133 Locust	ST., Oxfor	d. PA	19363	2
23a B	BURIAL, CREMATIC SPECIFY Burial	N, REMOVAL	17/1980 J		METERY OR CREMATORY  Cemetery	23d LOCATION CITY OR TOWN Oxford		INTY	state Penna.
4.5	MEHAL DIRECTOR	/1//	11 4	224 Pan		E REC'D. BY REGISTRAR			URE

Oxford, Pa.

DHMH - 16 60M 7/73 (VR A 15 (4))

BP



TO HOSPITAL C. ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page 4 interiored by the hospital or attending physician.  TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove cathorisms: Pages I and 2 should be filled within 72 hours off in tilling with the State Dept. of Health and Mental Hygene prior to burial, cremotian, ar removal.  IMPORTANT If them 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified dronce.	1	(IVI			
Should with the	CIVISION OF VITAL RECORDS, ACT WITHERS ST., BALLIMORE, MARIEMORE, TAKEN	SPITAL CATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after deam. Page 4. If the historial or attending physician.	NERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director. be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages, I and 2 shauld be filled within 72 hours after a State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.	TANT If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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DHMH-16 20M {VRA 15, 4} 7/78

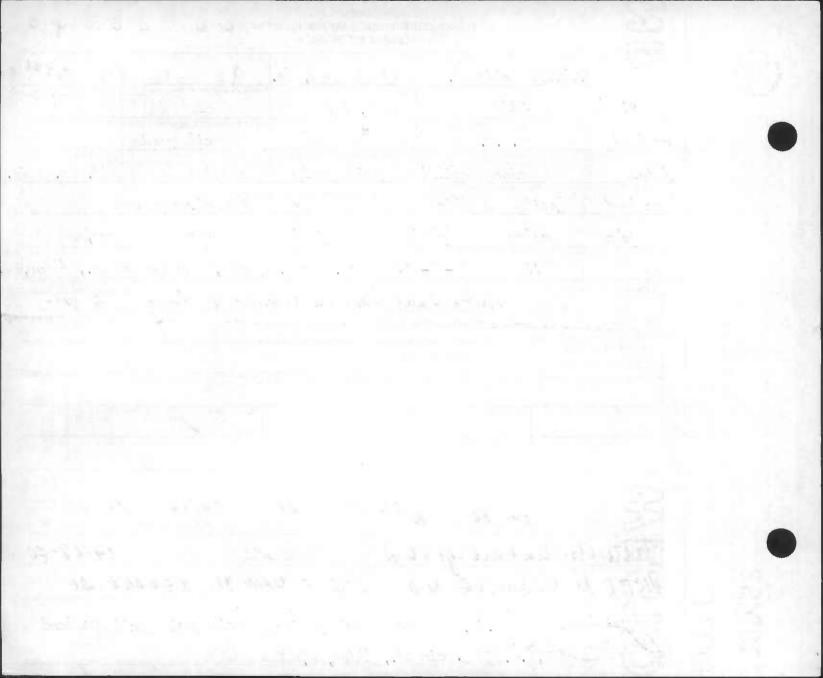
Gee Funexa

FOR STATE

STATE OF MARYLAND 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

SEP 1 5 1980

	REGISTRAR			6614111	TCATE OF PEATH	REG. NO		
	CEASED NAME FIRST		HODLE	0	AST Co. Co.	20 DATE OF DEATH MON	VIH DAY YEAR	3 PW
	1000	XX Nobl			ahall Sro	1 105	YI IF UNDER I YEA	741
3 SE	Male	White		S DATE (	H / BAY O YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAY	
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	VHAT COUNTRY?	1	D NEVER MARRIED	BALTIMORE CITY OR C		
10	ryland.	U.S.A		WIDOWE	D DNORCED	Cecil Ce	ounty	MD.
3	lkton	Union	HOSPITAL	OF C	ecil County	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO DENOTE R		Cof BUSINESS OR Cop. Engi
13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COUL anyland (e		GIVE RESIDENCE BEFORE A		YES NO	13h STREET ADDRESS	mp Road	
14 F/		esley	Cahal	1	15 MOTHER'S MAIDEN NAM	l'aude	Bras	Hey
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GN	MED FORCES?	220-07-5		Mrs. Ida C.	Cahall, 3 Non	tgomery Lr	r, Elkton,
	PART I DEATH WAS CAUSE	TE CAUSE 10	AS A CONSEQUEN	W X	Identeureur	ima, R) Lu	ng 3	OXIMATE INTERVAL IN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(b)	AS A CONSEQUEN					
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITI	ON GIVEN IN PART	lfo
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED		IF YES, WERE FINE I CERTIFYING CAUSI YES	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.A	A. MONTH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE C	OF INJURY SEET, FACTORY, OFFICE, FAI	RM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	ŞTATE
1/18	220 1 certify that (1) (this hasp saw the deceased alive or above (1) (we) (did) (did no	04- 8	19 80		nd that in (my) (aur) apinion d	, ta		e, that (I) (we) last he causes stated
	Mity an C	biagai	ing a	In D		MEDICAL STAFF DIRECTOR   PHYSICIAN	100	1-08-80
	VICTOR MIN	AGALO.	NG, MIL	5-	325 E-M	AIN ST., NO	EWARE,	DE
23o	BURIAL, CREMATION, REMOVAL	236 DATE	23c. N/	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	Burial	Sent	10, 1980 1	onth	East Compton			aruland
24 F	UNERAL DIFFETOR	2	ADDRESS	C .		REC'D. BY REGISTRAR MA	HOSTRARYSKIN	sooly



TO HOSPITAL CA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

		1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND REALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 0	2	3 3	8 9
(M	1)		CEASED NAME FIRST OR PRINT) EILA	NM.	MIDDLE	ARI	Roll		AONTH OAY	/80	530 M
131	/	3 SE:		4 RACE		5 DATE (	DE BIRTH H DAY YEAR	6 AGE (IN YEARS LAST ORT	HDAY # U	THE DAYS	HOURS MIN
ect rs a	Duc		Female	Neg	roid	12	2 1902	77	YRS		
neral din	Tegal S	70 BI	RIHPLACE ISTATE OR FOREIGN Maryland	USA	WHAT COUNTRY?	MARRIE WIDOWI	- 45	Cecil			MD
by the fun	00 00	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		126 KIND OF BUSINESS OR	
in by filed	ECP !		kton	Union	Hospital	of C	ecil County	domestic		ho	me
completely filled in	m Sec m	13a S	Md C	ME OR OTHER INSTITUTION OUNTY	Gecilt	VN .	134 INSIDE CITY LIMITS?	130 STREET ADDRESS Church S	Street		
2 sho	ex -	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST	
mpl pud	夏) 人	В	enjamin		Harris		Josephine			nown)	
od co	E I	16a V	VAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE	SS		
n and Pages	£ /		No	N/A	213-36-	8947	daughter	r Shirley Ho	ollings	worth	Ceciltor
sicia ers.	vent		18 CAUSE OF DEATH (Ent	er only one cause pe	er line far (a), (b), or	nd ic.				APPROXIA BETWEEN O	MATE INTERVAL
phy	emo itic e		PART I DEATH WAS CA	NUSED BY	Acute	M.I.	with cardiac a	errest		5 mi	nutes
rban	orna		4.10-		DR AS A CONSEOU	IENCE OF					100
atter /e ca	tron		Conditions, if any, which		J. 1.3 1. CO. 102 CO.						
the	ema		gave rise to immediat		OR AS A CONSEQU	ENCE OF					
by se re	7. 0.		underlying cause los		3 × × 3 × CON32 OC	LIVEL OI					
gnec	Unit		PART 2 OTHER SIGNIFICA	INT CONDITIONS	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN						
en si	ny to	Q	Severe Dia	abetes, pr	evious CV	A with	h cerebral res	siduals, gene	ralized	AS AS	
te has be	3 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOTE	206. IF YES, W IN CERTIFYIN YES	G CAUSES	
ician tifica ansit	H E A		210 ACCIDENT WAS UNDERLYIN		OF INJURY	AV YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 2)	
s cer	r Ite	3	OR CONTRIBUTING CAUSE C	OF DEATH	M. M.OITIN D	19					
tending parties the burns	n and Me	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT MOME 6	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
ital or at CTOR: or use as	or Healt		sow the deceased olivabove, (1) (1)	e on 9.1	he deceosed from.	6-15	nd that in (my) (ear) opinion in	, to 9-11-80 death occurred an the do			that (1) (wet last couses stated
osp ed f	l Ite		276 SIGNATURE	C A	y one: death.	1	DEGREE			22c DATE S	SIGNED
AL C	5 E		11 relle	0 /1/10	in hour	m	ATTENDING PHYSICIAN D	MEDICAL STAT	IAN 🗆	9_1	1-80
by ER	A A		224 PHYSICIAN'S NAME (1	TYPE OR PRINT)	The state of the s	, . 11	22e ADDRESS		,A. C.	-	-
FUNE Ind be	APORT		Wallace Ober	nshain, M.	D.		Cecilton, Mo	1.			
TO F shoul		23a F	BURIAL, CREMATION, REMO	OVAL 23b. DATE	Tase	NAME OF C	EMETERY OR CREMATORY	1234 LOCATION			
BP		130 (	Burial	9-15-			lton	CITY OR TOWN	-	YTMU	STATE
ы			JNERAL DIRECTOR		-		75-60	Cecilto	25h REGISTRAE	US,STONY	Md.
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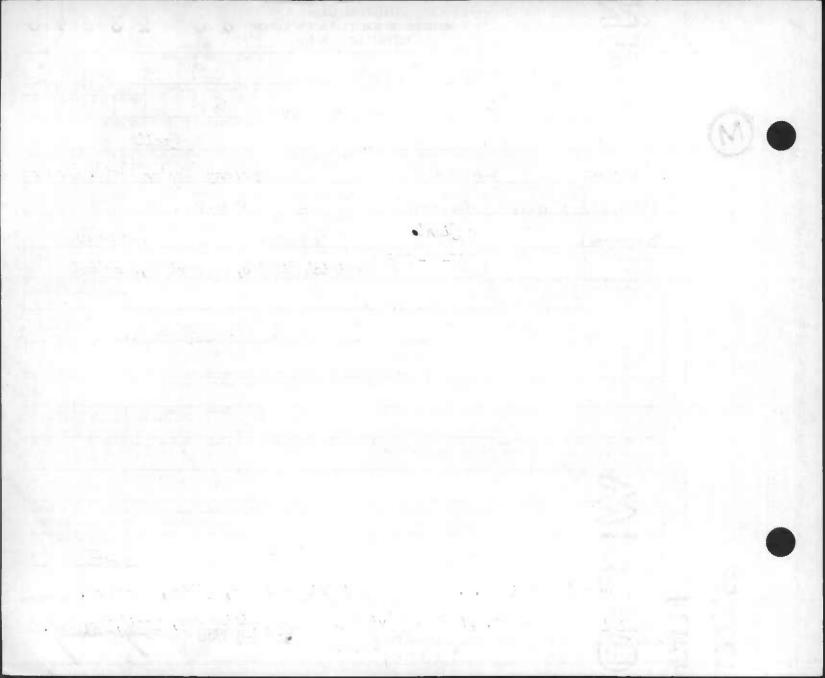


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1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT	
	DECEASED NAME FRST YPE OR PRINT! ANG el		2R DATE OF DEATH MONTH DAY YEAR 126 HC
3. 5	temale	White	EAR GG (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UND
177	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) THAT	USA WIDOWED DIVORCE	ED [] (ecil
10	EIKton	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  LA URel Wood	120. USUAL OCCUPATION 11the OF WORK FOR MOST OF WORKING LIFE) (annery Worker Notte Ca
13/	STATE D 136 COL	beil COLARA YES NO	P. O. Box 15
exom	FATHER'S NAME FIRST		Ctoria (Unknown)
160	WAS DECEASED EVER IN U.S. A  [YES, NO OR UNKNOWN]  [IF YES, GI	1/5 m 2/3 m 2/7/3	Cifaldo, Perryville, Maryland  APPROXIMATE IN  BETWEEN ONST A
rijury, or of		( (c)	
8 shows ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	206 AUTOPSY? 206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
gates .		HOUR A.M. MONTH DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
AEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FARM, ETC.]	CITY OR TOWN COUNTY
JT. If Item 21 is mu	your flur deceased alive a	ot) view the body after death.  DEGREE  ATTEND	opinion death occurred on the date and hour and from the causes 27c DATE SIGNE
RTAN	THE PHYSICIAN'S NAME TON		lge Street. Elkton. Maryland.
04	Poseph	The state of the s	
_	BURIAL CREMATION, REMOVA		ATORY 238 LOCATION COUNTY

STATE OF MARYLAND



# TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 3

		REGISTRAR		CI	ERTIFIC	ATE OF DEATH	REG. N	0		
	I DEC	CEASED NAME FIRST	/	MIDDLE	LAST	1 -	20 DATE OF DEATH	MONTH /	DAY YEAR	26 HOUR
		EDWI		E.		LE		7/1	180	4561
	3 SE)	ale	4 RACE		MONTH 2	2. DAY 9/1/YEAR	6 AGE (IN YEARS LAST BIR		MONTHS DAYS	HOURS MIN
	7 R B1	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	-0	· / · ·	1 BALTIMORE CITY C	YRS OR COUNTY	OF DEATH	
G	,co	e Delaware	U.S.A.		ARRIED &	NEVER MARRIED DIVORCED	Cecil C	nunty		M
I	10 CI	lty or town of death		HOSPITAL, NURSING HI HEACILITY, GIVE STREET ADDRE HOSPITAL O		other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIF		of Business Or to
6	13a S	AL RESIDENCE (IF HURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE ADM	13	I INSIDE CITY LIMITS?	13. STREET ADDRESS	174		
1	14 FA	THER'S NAME FIRST Joseph	MIDDLE	ole LAST		MOTHER'S MAIDEN NAME Clizabet	4		Unknoi	in
		VAS DECEASED EVER IN U.S.	ARMED FORCES? ME WAR OR DATES)	146 SOCIAL SECURITY		INFORMANT	ADDRI		171. (1	Id.
	1	10		221-07-75	56 1	rs. Mirrie	1. Cole, F.O	. Dox		arlestou
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUENCE		themeure	ins, Large	nklete	ni ON	BRATE RATES AND DEATH
	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	VEN IN PART 10	0
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION V	VAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
7		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOT#Y MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DAY		L HOW INJURY OCCURE		RY IN ITEM 18 P	PART ( OR PART 2)	
	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET FACTORY, OFFICE, FARM, I		f LOCATION STREET	CITY OR TO	MM	COUNTY	STATE
		22a I certify that (I) (this has sow the deceased alive abave, (I) (we) (did) (did	on 09-0	6 1980		23 , 19 / X hot in (my) (our) apinian	death occurred an the d	ote and hou	ond from the	
		WELL ON.	/1	long, a	300		MEDICAL STA		09-	08-80
		VICTOR MI,	MA GALA	.ONG, M.D	2	325 E, MA	ALN ST. L	IEW A	RK, B	)E
	23o B	BURIAL, CREMATION, REMOV.	Sent. 1	1.1980 Long	Sun	mp (enetery	23d LOCATION CITY OR TOWN Long Swo	4	COUNTY	Pa. STATE
	Ge	e tunenal	PA 20	ADDRESS	811	250. DAT	E REC'D. BY REGISTRAR	25 REGIST	TRAPS SIGNAT	URE

**DHMH-16 25M** 

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event,

(VRA 15, 4) 1/79

ATTENDING

TO HOSPITAL retained by the h

BP.

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	TO MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Figure 1.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours fill with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examiner mustipe notified at once.
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BP. DHMH-16 50M 7/77 (VR A 15 (4))

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		FOR			DERARTA	AENT OF H	EALTH AND	MENTAL HYG	IENE &	j	2	3 3	7	6
	-	STATE			7 / / / / / /		ICATE OF							77
		REGISTRAR						DEATH		REG. NO.				
	1. DEC	CEASED NAME OR PRINT)	FIRST	٨	MIDDLE	L	AST		20 DATE OF D	EATH MO	DA HTMC	Y YEAR	26 HOUR	2
	,,,,,	,	Harry	7	S	Ca	caig		Se	ptemb	er 20	1.1980	7:14	PM
	3. SE)	( .		1 RACE		5 DATE C	F BIRTH		6 AGE (IN YEARS			UNDER I YEAR	IF UNDER 2	
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	To BI	RTHPLACE STATE OR FO	DEIGNI		WHAT COUNTRY?	8	V	,,,	9 BALTIMORE		COUNTY	DEDEATH		
5	CC	DUNTRY) Maryla	1	U.	S.A.	MARRIE		MARRIED O	, battimore		ecil	A OLAIN		MD
di		TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OR OTHER IN	STITUTION	12a USUAL OC	CUPATION	7	126 KINDO	F BUSINES	SOR
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S. S.	16a. V	VAS DECEASED EVER	IN U.S. AR	WED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRESS	5	_	111	,
		Jes	. 1707	11	188-10-1	1037	Margu	erite (.	Craig,	Havi	re de	yrace,	"ar	yland
		18 CAUSE OF DEATH	1 Enter on	ly one couse per	tine for 10 , (b), and	d (c ) )						BETWEEN	MATE INTERV	ALDEATH
		PART I. DEATH W.		E CAUSE (b)	Cardiopul	monai	y Arr	est						
		5210			r as a conseque									
		Conditions, if ony,	which		Acute pye		hriti	S				1 30		
		gove rise to imm	nediote											
		underlying couse			Chronic R		Failu	170						
		PART 2 OTHER SIGN	IIFICANT C						IN AL DISEASE C	RCONDI	TION GIVE	N IN PART 10		_
	Z				urysm, Su									
7	ATI	19a DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPS	Y? :	20b. IF YES,	WERE FINDIN	IGS USED	
Z	CERTIFICATION								VEC C			ING CAUSES		15
-	ERT	21a ACCIDENT WAS UND	ERIVING F	216 TIME O	E INTILIDA		Tile HOW	INTRIBA OCCUPE	YES N	OX	YES		ио □	
1		OR CONTRIBUTING C	h-an	110110 4	M. MONTH DA	Y YEAR	ZIE, HOW	INJURY OCCUR	CED (ENIER NATUR	E OF INJURY I	N ITEM 18, PAR	I I OR PART 2)		
/	O.	(IF EITHER, NOTIFY MEDICA		P./		19								
	MEDICAL	21d INJURY OCCURR		21e PLACE (	OF INJURY BET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCAT	ION	CI	TY OR TOWN		COUNTY	STA	TE
	-	AT WORK AT WOR	KK []											
		22a.1 certify that (1)	(this hospit	tall attended the	e deceased from $oldsymbol{ol{ol}}}}}}}}}}$			19 78		ptemb	pe r2019	9_80	XXXX	XXXX
		saw the decease	d alive on	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	XXXXXXXXX	XXXX	XXXXX	x) (our) opinion o	death occurred a	n the date	and hour o	and from the	XXXXX	EXXX
		226 SIGNATURE	A - 0				DEGREE					22c. DATE	SIGNED	
		$\sim$	18	Lorl		1	4.2)-	PHYSICIAN E	DIRECTOR [	STAFF PHYSICIA	NK	9-	20-80	)
/		228 PHYSICIAN'S NA	ME (TYPE OF	PRINT)			22e ADDRI	SS				Tal 1		
	170	Nirania	na J	Shah			VAMC	Perry	Point 1	Marul	and			
	23a. B	SPECIFY DURIEL		23h DATE			EMETERY OF	CREMATORY	23d LOCATIO	NC		OUNTY	STAT	F
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	1 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYGICATE OF DEATH	REG.	Z.	3	3 9 .
		CEASED NAME ORPRINT)	Joel		MIDDLE W.	L/	Craig	20 DATE OF DEATH	pt. 16	, 1980	2h HOUR
	3 SE	Male	ľ	RACE Whi	te	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BE		IF UNDER I YEA	
31		RTHPLACE (STATE OR F	,		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	1 BALTIMORE CITY	- 7	OF DEATH	
00	-	rt Deposi		11. NAME OF	HOSPITAL, NURSING PLACETY, GIVESTREET	ADDRESS) RO	ROTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF VYORK FOR MOST	OF WORKING LIFE	126. KIND	of Business of
36	130	AL RESIDENCE (# NUR TATE aryland	136 COUNT	TY,	PORT PE	/N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	town R	oad	
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1	16a V	VAS DECEASED EVER	(IF YES, GANE)	AED FORCES?	2/2-20-0		Helen A. Cru	aig,72(raig	toun R	d., Pon	it Depos
		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED	y one couse pe BY E CAUSE (o)	Canal		tosus			BETWEE	OXMATE INTERVAL IN ONSET AND DEAT
		Conditions, if ony gove rise to im couse (o), stati underlying coust	, which mediate ng the	DUE TO, O	R AS A CONSEOU	ina	ra of lu	ng		E	min
nlory, or	NO	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIV	EN IN PART	1(0)
9	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSI	DINGS USED ES OF DEATH?
		210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT			AY YEAR	ŽIĆ HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18, P.	ART 1 OR PART 2	)
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
Z 1 IS mor		270 I certify that (I sow the decease above, (I) (we) (	(this hospite	9-16	19 8	6-	d that in (my) (our) opinion	death occurred on the	dote and hou	ond from th	_, that (I) (we) I he couses stated
E		276 SIGNATURE	00	4	late	M	PHISICIAN	MEDICAL ST.	AFF ICIAN 🗌	22c. DAT	TE SIGNED
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5	23a E	Burial Buria	REMOVAL	Sept. 1	0.60	Sbury		Port Dep		county ecil.	Marula
	24 FI	JERALDIRECTOR		/ V	/		91.0	E REC'D. BY REGISTRA		-	ATURE

REG. NO 20. DATE KNOWN TO MONTH h HOUR 10 19 10 2d. HOUR 10 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS **OR-INDUSTRY** HUto

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BETWEEN ONSET AND DEATH

COUNTY

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**DHMH-17** (VR A15 ME (5)) 15M 7/77

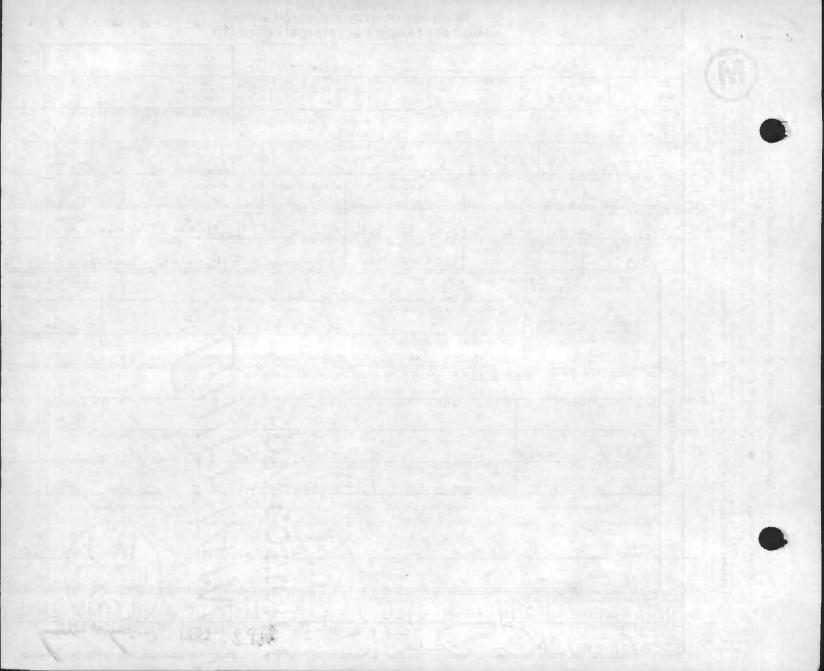
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STATE OF MARYLAND



DHMH-16 25M (VRA 15, 4) 1/79

		1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MEN CATE OF DEAT		NE 8 0	2	3 3	9 5
h			73 3	11.5	Ernest	ES S DATE OF	pev i	Jr.	DATE OF DEATH	MONTH DAY	80 UNDER I YEAR	HOUR A.
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72 hou	32		RTHPLACE ISTATE OR FOREIGN OUNTRY)  Maryland	76 CITIZEN OF WH		MARRIED WIDOWED	NEVER MARK		ECIT ,	OR COUNTY O	FDEATH	MD
ed within	1	10 C	E/X Ton		SPITAL, NURSING ACILITY, GIVE STREET ALL ON HOST	DDRESS)	OTHER INSTITUT	ION II	Brick Ma		INDUSTRY	BUSINESS OR TUCTION
uld be fill	35	130 3			CITY OR TOWN		134 INSIDE CITY L		street address 2263 Ph	illip	Mill	Road
nd 2 sho	20	14 FA	TIEWIS	MIDDLE Ernest	Espey	CV.	is mother's ma first Mai		MIDDLE		Pfei	ffer
Pages 1 ar	2	Ión V	VAS DECEASED EVER IN U.S		18-05-4		17 INFORMANT Howard	Espe	ADDR V Fore		Ll, Mo	
Then please remove cabon for to burial, cremation, or to burial, cremation, or or any migray, or other traums		TION	Conditions, if ony, which gove rise to immediate couse 10, stating the underlying cause last PART 2 OTHER SIGNIFICAL CMUM	DUE TO, OR A  (c)  NT CONDITIONS CON  (CON CON CON	estre	NCE OF EATH BUT N he A	IT FA	lun	_		I IN PART 1(0)	
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e detache State Deg	1		224 PHYSICIAN'S NAME (1	(PE OR PRINT)	nen		ATTEN	NDING	MEDICAL STA		9/2	6/80
should be deta with the State			Roberth	Gray M	.0. /		719Br	ches	t. Elkt	on Ma	1. 21	921
w > -		23a. l	BURIAL, CREMATION, REMO SPECIFY) Burial	9/29/	1980 Be	-	r Mem.	Gar.	23d LOCATION CITY OF TOWN Bel .ir		rford	STATE M.
1H-16 25M 15, 4) 1/7		24 F	uneral director NAME Gladden k	urtz III	ADDRESS	etts	Md.	SEP :	O 1980	25h REGISTRA	R'S SIGNATU	RE

ALWAYS TENSOR LEWY CALDIC PREMIUM DOPE TO Charles A. St. will Chronic concerna have Frances that Warman on y SEP 3 4 1986 18 day to See ...

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE SE

STATE REGISTRAR			ICATE OF DEATH	REG. N	O.	
1 DECEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
Alice	Jervis	Fielder	c	Sei	pt. 20,1980	4:30 pm
3 SEX	4 RACE	5 DATE (		6 AGE (IN YEARS LAST BIR	THDAY) IF TR FA	
Female	Caucasion	Marc		82	YRS	S HOURS MIN
To BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? B	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
Delaware	U'S.A	WIDOWE		Cecil		MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	170 USUAL OCCUPAT		OF BUSINESS OR
near Warwick	Graham Nurson		arwick Md.	Housewife	Domic	
USUAL RESIDENCE (IF NURSING HOM 130 STATE Delaware New	SUNTY 13c CITY (		13d INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS 106 E. Main	n St.	
14 FATHER'S NAME FIRNT Franklin		Sr.	15 MOTHER'S MAIDEN NO FIRST Maude	AME MIDDLE N.	Wivel	AST
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCI.	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	
no	no		Niel Lodge	200 N.Broad	St. Midd. I	Del.
PART I DEATH WAS CA	used BY DIATE CAUSE (a)	b, and c	ou's		APPRO BETWEE	DEMATE INTERVAL N QUSET AND DEATH
0 770	DUE TO, OR AS A CO	NSEQUENCE OF	1.1.1.1			
Conditions, if any, which gave rise to immediate	(b) C/U	with and	any hast inte	WAY		
couse o), stoting the underlying couse lost		NSEQUENCE OF	7			
	NT CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISE ASE OR CON	IDITION GIVEN IN PART	10
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINE	
TIFIC	1 1 2 3 1			YES NO	IN CERTIFYING CAUS	NO [
OR CONTRIBUTING TO CAUSE OF	DEATH HOUR A.M. MON	ITH DAY YEAR	21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2	
(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

21d INJURY OCCURRED NOT WHILE

CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

220.1 certify that II this haspital attended the deceased from saw the deceased olive on above. (I) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Kenneth Lewis 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE

Sept 24,1980

23c NAME OF CEMETERY OR CREMATORY Old St.Anne's

236 LOCATION

COUNTY STATE

Removal-Burial

24 FUNERAL DIRECTO

Middletown (N.Castèe Del

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

and Mental Hygiene prior to b

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept of Health

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within 24 hours after death Page

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physicion.

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

Howard	Thomas  4 RACE Cauc.  76 CITIZEN OF WHAT COUN U.S.A.	Hessey  S DATE OF BIRTH  AUG. 2 <sup>A</sup> , 1968	20 DATE OF DEATH MONTH Sept. 16,	1980 25 HOUR 11:4
istate or foreign	Cauc.	Aug. 2, 1908	72	IE LINIDER LYGUE AL CONTROL
n of DEATH		TRY? 8	YRS	MONTHS DAYS HOURS M
		MARRIED WEVER MARRIED WIDOWED TO DIVORCED (		TY OF DEATH
CRUOWII	11. NAME OF HOSPITAL, NULL PROTECTION SUCH EACILITY GIVER	URSING HOME OR OTHER INSTITUTION ESTREET ADDRESS)	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING SELT - EMPLOYE	12b KIND OF BUSINESS
CE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE LINTY OR FIRE CITY OR FOR	TOWN 13d INSIDE CITY LIMITS	130 STREET ADDRESS #1	
eph	MIDDLE LAST	lessey Elizab		Ford LAST
SED EVER IN U.S. A	0/E 14/48 OR D 47FF)	SECURITY NO. 17 INFORMANT 13-5536 Howard La	aws Hessey (son	ı) -same-
g cause last THER SIGNIFICANT OF OPERATION		GIO DEATH BUT NOT RELATED TO THE TE	20g AUTOPSY? 20b IF Y	EVEN IN PART TO SEED THEY ING SUSED THEY ING CAUSES OF DEATH?
NT WAS UNDERLYING LUTING CAUSE OF D	DEATH HOUR A.M. MONTH			YES NO
Y OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OR TOWN	COUNTY STATE
he deceased alive o	ottended the deceosed from	0	on death accurred on the date and ha	. 19 30 that (I -
ATURE	D/ Ring a	DEGREE ATTENDING PHYSICIAN 770 ADDRESS MCDICAL	KENT & OL	9/19/80 9/19/80 USEN ANNES F
mayine	AL 236. DATE	23c NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	ent MD STATE
	Wayne	Wayne Benjamin	Wayne Benjamin   MEDICAL	Mayne Benjamin MEDICAL BLDG. CHESTERT ATION, REMOVAL [236, DATE   236, NAME OF CEMETERY OR CREMATORY   236, LOCATION

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# STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR		DEPARTN		IEALTH AND MENTAL HYG ICATE OF DEATH	REG N	0	0	7	3
		CEASED NAME IMER	Ever	ett	-	Öller	20. DATE OF DEATH Sept.	0.100	1980	26 HOL	a.
	3 SE	Male	Cauc.		5 DATE O	DF BIRTH	6 AGE JINYEARS LAST BIR	THDAY)	MONTHS DAYS	IF JNDEF	R 24 HR
ġ	70 BI	aryland.	U.S.A		8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	P BALTIMORE CITY C		OF DEATH		W
1		Elkton	Union Ho	ILITY. GIVE STREET	ADDRESS)	of Cecil CO.	170 USUAL OCCUPAT ITYPE OF WORK FOR MOST C Retire	F WORKING LI	126 KIND (INDUSTRY		ESS OR
r,	130 5	Cut y Leater Co.		RESIDENCE BEFORE CITY OR TOWN WARWI	N .	134 INSIDE CITY LIMITS? YES X NO	P.O.Box	496	Wilson	n St	•
C		Samuel G. Lo.		LAST			Cochran		LA	ST	
	{}	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN)	E WAR OR DATES)	21-10-		James Loll	er RT.21		lkton	CIMATE INTEL	
		Conditions, if ony, which gove rise to immediate cause io stating the underlying cause lost	DUE TO, OR AS (b) CO	RON	Try	l DECEPTIO	iency				
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	ō	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTH	S, WERE FIND FYING CAUSE ES []		TH?
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GE.  [14 EITHER, NOTIFY MEDICAL EXAMINER]			Y YEAR	21c HOW INJURY OCCURR	RED JENTER NATURE OF INJU	RY IN ITEM 18, I	PART   OR PART 2)		
	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, F)	JURY ACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	SI	TATE
		220 I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	4-27	19_	G	nd that in (my) (our) apinion o	death occurred on the d	ote and hou	r and from the	that (I (	
		1226 SIGNATURE JACKET	e. Cuji	orl.			MEDICAL STA DIRECTOR PHYSIC		22c DATE	SIGNED	
		Rolando Na				105 E. Ma	in St. El	kton	MD		

BP.

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should be detached for use as the burial-transit permit. Then please remove corbanyape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or Item 18 shows any

TO FUNERAL DIRECTOR After this certificate has been

DHMH - 16 60M 7/73 (VR A 15 (4))

231. NAME OF CEMETERY OR CREMATORY Cecilton Cem.

23b. DATE 9/1/80

230 BURIAL, CREMATION, REMOVAL

Burial

23d LOCATION CITY OR TOWN Cecilton

Cecil STATE

24 FUNERAL DIRECTOR Edw. Fellows And Son Millington MD 21

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1 -	FOR STATE REGIST
	OR PRINT)

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR			CERTIF	ICATE OF DEATH	REG NO			
1		CEASED NAME FIRST	1	MIDULE	ì	AST	20 DATE OF DEATH MC	NTH	DAY YEAR	26 HOUR
ı	(TYPE	OR PRINT) Wa	lter S. P.	agan In			September	11,	1980	9:43P M
1	3 SEX		4 RACE	<u> </u>	S. DATE C		6 AGE (IN YEARS LAST BIRTHD)	AY)	IF LINDER I YEAR	IF UNDER 24 HRS
ı		Male	Whi	te	Jan	15 1000	81	YRS	MONTHS DAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN DUNTER COLLARS	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE		9 BALTIMORE CITY OR	ecil	OFDEATH	MD
2	-	rry Point		HOSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		126. KIND O INDUSTRY	F BUSINESS OR
2	139 5	AL RESIDENCE (IF NURSING HOME) TATE 136 CC	Linoton	GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS?	13. STREET DORESS Ed	gew	od Stre	eet
1	14 FA	Walter	S"IDOLE	Pagan	Sr	15 MOTHER'S MAIDEN NAM	WIODIE		Hoisa	
	16a W	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		Δα ,	, -
		ues	WW /	223 70 7	027	V. A. M. C. Recon	ds, Perry Po	int,		
		Canditians, if any, which gove rise to immediate cause a stating the underlying cause last	DIATE CAUSE (a)  DUE TO, O  DUE TO, O	Uremi R AS A CONSEQUE R AS A CONSEQUE	ence of	e to kidney f				MATERINAL ONSET AND DEATH
	MOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED							EN IN PART 1 6	
	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		N CERTIF	FYING CAUSES	
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM IB. P	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
		220 I certify that (I) (this has saw the deceased alive above (we) (did) (we)	on9	-II- 19 8	0	nd that in key (aur) apinian of	. 10			that (I) (XXIast causes stated
		27b SIGNATURE	a. ja	eyer	m.n.		MEDICAL STAFF DIRECTOR PHYSICIA	иП	22c DATE 9-1	SIGNED
		22d PHYSICIAN'S NAME (TY				22e ADDRESS				
		EUGENE A	JAEGER, M	.D.		VAMC, Perr	y Point, Mar	ylan	d	
		URIAL, CREMATION, REMOV SPECIFY)	Sept.	5, 1980	•	emetery or crematory seen Cemetery	Southouter	Cam	pbell, K	entucky
	11/6	TONE BALLETINE	we occor	ADDRESS .	11- M	256 3 78	DE 10 8 1980	pring	504, 1914B	henoty

tterson & Son, Perryville, Maryland.

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and coshould be detacked for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

OR ATTENDING PHYSICIAN The low

TO HOSPITAL

retained by the haspital or attending physician

IMPORTANT. If them 21 is marked ar them 18 shows any injury, ar other traumatic event, the

DHMH - 16 50M 7/77 (VR A 15 (4))



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# STATE OF MARYLAND

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	1-	STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	la	J ",	0 0
		EASED NAME	FIRST	A	NIDDLE		AST	20 DATE OF DEATH		YEAR	26 HOUR
i	(TYPE	OR PRINT)	TIME	R P PR	TCHARD	Sn		Septemb	er 19	1980	4:40A M
	3 SEX	(	DEFINATO	4 RACE	LICHARD	5. DATE C		6 AGE (IN YEARS LAST BIRTH	HDAY) IF	UNDER I YEAR	II UNDER 24 HRS
		Male	5.6	Whit	te	May	23, ° 1906	74	YRS	VIHS DAYS	HOURS MIN
0		PIHPLACE ISTATE OR FOR		16 CITIZENOF V	WHAT COUNTRY?	8 MARRIEI WIDOWE		9 BALTIMORE CITY O		FDEATH	MD
1113	Pe	TY OR TOWN OF DEAT		(IF NOT IN SUC	Medical	GHOME C ODRESS) ente	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON F WORKING LIFE)	INICIALICADA	Roads
F	130 S	AL RESIDENCE (IF NURSINITATE	136 COYA		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	130 STREET SOORESS	esbitt	Road	
C	14 FA	Peter Peter		POOLE	Pritc	hard	15. MOTHER'S MAIDEN NAM	MODULT		M	unden
		VAS DECEASED EVER IT ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	150 10 1		Opal R. Pri	tchard, 733		t Rd, (	Colora, M
		18 CAUSE OF DEATH lenter only one couse per line for 10 , 161, and 101 PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Cardiopulmon ary arrest									MATE INTERVAL
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Corpulmanale									
		gove rise to imme couse o, stoting underlying couse	ediote		RAS A CONSEQUE		ctive pulmona	ry disease			
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	31
	ē				Atrial fi						
2	CERTIFICATION	190 DATE OF OPERATI	IÓN	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOW	20b. IF YES, V IN CERTIFYIN YES [		
7		210. ACCIDENT WAS UNDER OR CONTRIBUTING COLOR	AUSE OF DEA	216 TIME O HOUR A./	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	I OR PART 2)	
	MEDICAL	P.M.   19   216   LOCATION   216. PLACE OF INJURY   AT WORK   AT							STATE		
	F	22a I certify that (X ) saw the decease above, (we) (di			0 10	00	19_7.9 nd that in 26% (our) opinion			- 0	that xt (we) lost causes stated
		226 SIGNATURE	iam	n	e	31	DEGREE  MID ATTENDING PHYSICIAN [	MEDICAL STAR		22¢ DATE 9-1	SIGNED
		22d PHYSICIAN'S NAME WILLIAM	ME (TYPE O	IE, M.D	•		22e ADDRESS	ry Point, M		1	
Ī	23a B	JURIAL, CREMATION, R	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	C . 80	OUNTY AT	STATE

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4G PHYSICIAN The low aftending physician

TO HOSPITAL OR ATTENDIN

DHMH - 16 50M 7/77 (VRA 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages I and 2 should be filled within 72 haurs of with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examiner must be notified at ance

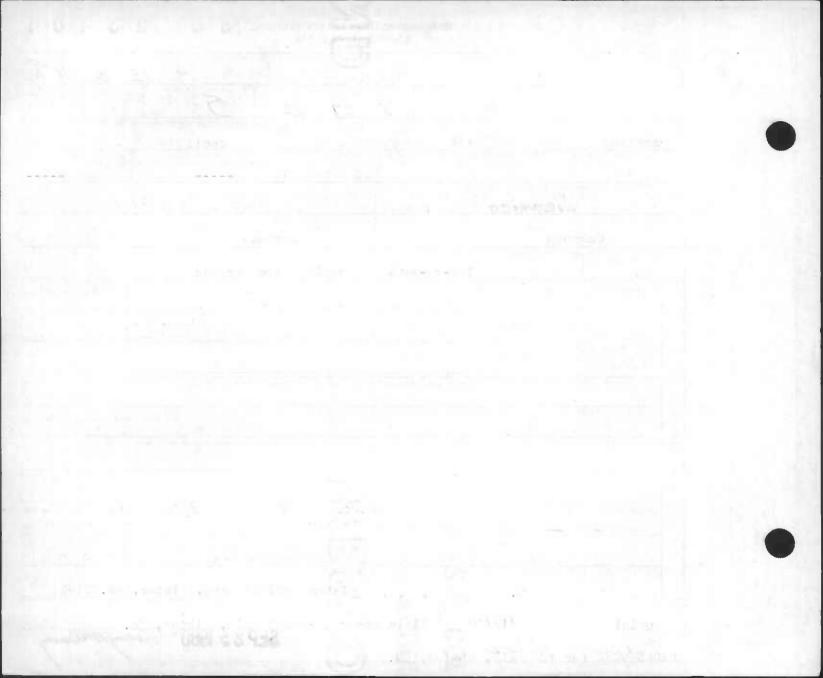
Burial

Maryland.

Sept. 21, 1980 West Nottingham (em. Colora, Cecil, Marylan Son, Perryville, Md. SEP 2 6 1980 256 MG ISBAR'S MUREL 24 FUNERAL DIRECTOR Lee A. Patterson & Son, Perryville, Md.

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1			STA	TE OF MARYLAND	100 401	40	and a	-
	1.	FOR STATE REGISTRAR		HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. N	0.	3 4	U
1)		CEASED NAME FIRST	MIDDLE ROLL	bepTs	2a DATE OF DEATH	MONTH DAY	YEAR 26 H	HOUR.
	3.58	m	4 RACE S DATE	OF BIRTH UTH DAY YEAR 77 72	AGE (IN YEARS LAST BIR	MONT	NDER I YEAR IF UN	NDER 24
\$3	E	RIHPLACE STATE OFFICENCE OFFICENCE OF THE CONTROL OF T		IED NEVER MARRIED	1 BALTIMORE CITY C	YRS ONTY OF	DEATH	
		Contract of the Contract of th	II. NAME OF HOSPITAL, NÜRSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		Cecil  12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		26 KIND OF BUS NDUSTRY	SINES
25	UN. S	TATE DUN	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	P. S.	13. STREET ADDRESS	20x 36	1	
2/	14.71	THER'S NAME	DMICOLDANS BURY	15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	
2		VAS DECEASED EVER IN U.S. ARA	MED FORCEST 166 SOCIAL SECURITY NO 214-30-9404	17 INFORMANT Nursing Hot	ADDR	ESS		
qu'y, ar omer troumans, er	NO	Conditions, if any, which gave rise to immediate couse (s), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	UT NOT RELATED TO THE TERM	Dis Pro	DITION GIVEN I	N PART I/o	
2	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATE	ON WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS L G CAUSES OF D	
9		21s. ACCIDENT WAS UNDERLYING.  OR CONTRIBUTING  CAUSE OF DEAL OF EITHER, NOTIFY INDUCAL EXAMINERS	THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I	OR PART 2)	
0	MEDICAL	214 INJURY OCCURRED  WHILE AT WORL THOUGHT	214: PLACE OF INJURY (ATHOME STREET, PACTORY, OFFICE, PARM, ETC.)	TH LOCATION	CITY OR TO	wn c	COUNTY	STA
# Berm 21 is mid		21s I certify that (I) (this haspin saw the decembed pline on a obove, (I) (well skid) (dislocate 21s SIGNATURE		DEGREE  ATTENDING PHYSICIAN	death occurred on the d	ate and hour and	f C , that (d from the couse	es stat
MPORTANI		TOSEPHISICIAN'S NAME (THEOR	G. LANZI . M.D.	22e ADDRESS	Ical Park, I		Md. 219	21
3.	23u. t	IURIAL CREMATION REMOVAL	a tractan	CEMETERY OR CREMATORY	LOCATION CITY OF TOWN	COU		STAT
OM.	24. F1	Burkal INSPALDISECTOR E - Z	MERA ELKTON MD.	Manor Memori		on Md.	asy sylvery	Apo



TO HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 recoined by the hospital or attending physician.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director. The should be detached for use as the barrol-transit permit. Then please remove corbangapers Pages 1 and 2 should be filed within 72 hours of the permit.	
with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remayol	
IMPORTANT. If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the medical examine; must be partied at once.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR

STATE
REGISTRAR CERTIFICATE OF DEATH

3

REGISTRAR						REG. N	40.		
DECEASED NAME	FIRST	WIDDLE	L	AST		20. DATE OF DEATH	MONIH	DAY YEAR	26 HOUR
	LPH	W.	SCI	ROEDE	R	September	1, 1	980	9:00p "
3 SEX	4 RACE		5 DATE O		YEAR	6 AGE (IN YEARS LAST BE	RTHOAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
Male	Wh	ite	Jan.	8	1892	88	YRS.		HOURS MIN
To. BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN O	F WHAT COUNTRY?	8 MARRIES	NEVER	MARRIED [	9 BALTIMORE CITY	OR COUNT	TY OF DEATH	
New Jersey	US.		WIDOWE	D C	IVORCED [	C	ci	l	ME
10 CITY OR TOWN OF DEA	(IF NOT IN S	F HOSPITAL, NURSIN	ADDRESS)			120 USUAL OCCUPA	OF WORKING		OF BUSINESS OR
Perry Point		lical Cent		cry Po	int, Md.	Stat. Eng	. (R)	Penn.	R, R.
USUAL RESIDENCE (IF NURS 130 STATE Virginia	NG HOME OR OTHER INSTITUTION TO THE PROPERTY TO THE PROPERTY TO THE PROPERTY OF THE PROPERTY O	13c CITY OR TOW Alexandr	'N I	13d INSIDE	CITY LIMITS?	6323 Free	port	Avenue	
14 FATHERS NAME				15 MOTHER	S MAIDEN NA	ME			1174
Edward Schr	oeder	LAST		E	Bertha	MIDDLE	(Unol	bta <b>i</b> nab'Î	e)
160 WAS DECEASED EVER	IN U.S. ARMED FORCES	166 SOCIAL SECU	IRITY NO	17 INFORM	ANT	ADD	RESS		
Yes	WW 1	716 05	1115	Sadie	Schroe	der Sames	as i	tem #13	
	Enter only one couse p							APPROX BETWEEN	MATE INTERVAL
TACTI. DEATH	AS CAUSED BY IMMEDIATE CAUSE (0)_	Cardiac A	rrest						
600-	DUE TO,	OR AS A CONSEQUE	ENCE OF						
Conditions, if ony,		Acute Uri	nary !	Tract	Infection	on			
gove rise to imm		OR AS A CONSEQUE	ENCE OF					70	
underlying couse	lost (c)_	Benign Pr	ostat	e Hype	rtrophy		16-16		
	IFICANT CONDITIONS							IVEN IN PART 1	0
ASCVD, Rhe	eumatoid and								
ASCVD, Rhe	ION 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES YES []	
210 ACCIDENT WAS UND		OF INJURY		21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18	, PART 1 OR PART 2)	
OR CONTRIBUTION (	AUSE OF DEATH	A.M. MONTH D	AY YEAR						
(IF EITHER, NOTIFY MEDICAL PROPERTY OF COURTS AND THE PROPERTY OF THE PROPERTY	ED 21e PLAC	E OF INJURY		211 LOCAT					
WHILE NOT WE AT WORK		STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OF TO	IWN	COUNTY	STATE
	this hospital attended	the deceased from	4-8	1	19 77	10 9-		19 80	that His (we) last
4.50	d olive on 9_1		80 , or	nd that in (m)	(our) opinion	death occurred on the	dote and ha		
226. SIGNATURE	TO LANGE BELLVIEW THE DOL	ay aner deam.		DEGREE			7 1	22c DATE	SIGNED
/Kl	nilson	Nays.	272		PHYSICIAN	MEDICAL STA	AFF ICIAN []	9-	1-80
224 PHYSICIAN'S NA	ME (TYPE OR PRINT)	1	511111	22e ADDRE	-	- Committee of the comm	Transit .		
GLEND	ON RAYSON, I	M.D.		VAM	C PERRY	POINT, MD			1
230 BURIAL CREMATION,	REMOVAL 236 DATE	23c 1	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Cremation	n 9/3		Lee			Washing	ton, I	D.C.	
24 FUNERAL DIRECTOR		Camer	on &	Alfred	Stigo DATI	E REC'D. BY REGISTRA	25b. REG 15	STRAR'S SIGNA	TURE
Cunningham F	uneral Home	,Inc. Ale	ex., Va	1,		E 1000	Patra	hea Pour	1

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO HOSPITAL CAN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after decin. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours in element the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	0	2	3	a j	Ū	
	REG. NO.					

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE & U	2	3 4	0 3
	CEASED NAME	FIRST	A	AIDDLE	Į,	AST	20 DATE OF DEATH		AY YEAR	2b HOUR
{TYPE	OR PRINT)	ANNA	N	ЛАҮ	SI	MITH	SEPT	18	1980	1:12 A
3 SE	X		RACE		5 DATE O		& AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
F	emale		Cauc.		Aug	00 1000	77	YRS	AONTHS OAYS	HOURS MIN
70 BI	RTHPLACE (STATE OR I	FOREIGN 7		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY	OF DEATH	
	Cecil Cou	ntv	U.S.	Α.	WIDOWE	3.7	Elkton, C	ecil C	ounty	MD
10 CI	Elkton	ATH 1	_ JIF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET HOSPITAL		R OTHER INSTITUTION	12R USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE		F BUSINESS OR
De	al residence (if nui state laware	THE COUNT	Castle	GIVE RESIDENCE BEFORE 131. CITY OR TOW Newark		134 INSIDE CITY LIMITS?	138 STREET ADDRESS 95 Ritte		9	
14 FA	Georg		Weaver	LAST		Lillie	May		LAST	r
	VAS DECEASED EVER		ED FORCES?	146 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR			
	No			221-16-	4501	Ruth Messim	er,313 He	rmitag		Elkton, Mo
NO	Conditions, if ony gove rise to im cause to state underlying cause	MAS CAUSED IMMEDIATE  IMMEDIATE  Immediate Imm	DUE TO, OF	ACUTY C	ENCE OF	NOT RELATED TO THE TERMI	My HOU	LUKL	3	DISET AND DEATH  BLOWNER
CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
MEDICAL CERTI	21g ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	P./	M. MONTH DA	AY YEAR	216 HOW INJURY OCCURR	YES NO X	YES		но 🗆
MED	WHILE NOT WAT WORK AT WORK	VHILE	21e PLACE (	SET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220 I certify that (I saw the decease above, (I) (we) (	sed ofive on_	09-	17 19		id that in (my) (our) opinion d	to OG-	late and haur	_	
	220 SIGNATURE	Tr. a	apa	Muy	de	ATTENDING PHYSICIAN	MEDICAL STA		09-	18-80
	Victor N		galong	M.D.			St. Newa	rk, De	laware	
230 E	BURIAL, CREMATION		236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	236 (OCATION CITUS TOWN	*****	coupits	a state
	urial		9-21	-1980 C	herry	y Hill Cemete	ry Cherr	y ball,	Mary	land"

DHMH-16 25M (VRA 15, 4) 1/79

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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic even

William & Marinek

Newark, Del.

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		FOR			TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8 D	2 3 4	0 4
		REGISTRAR		CERT	IFICATE OF DEATH	REG. N		
		CEASED NAME OR PRINT;	10 He	8	Smith	2R DATE OF DEATH	9/9/80 1	547
ouce.	3 SE	remale	White	S DATE MOI		4 AGE (IN YEARS LAST BIR		HOURS MIN
fred.at o		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	OUNTRY?	IED NEVER MARRIED VED X DIVORCED	PALTIMORE CITY C	OR COUNTY OF DEATH	
to pe north		TY OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Union Hos)	L, NURSING HOME GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12R USUAL OCCUPATE (TYPE OF WORK FOR MOST O Auto Assem)	OF WORKING LIFE) INDUSTRY	BUSINESS (
The manuer was	130 5	AL RESIDENCE (IF NURSING NOME OF TATE 136 COULD	OTHER INSTITUTION, GIVE RESID		134 INSIDE CITY LIMITS?	13. STREET ADDRESS	Chase Court	
tical exar	14 FA	THER'S NAME FIRST Jacob M.	MEDIE New	LAST	15 MOTHER'S MAIDEN NO. FIRST Margaret	AIDDLE	LAST	
the me		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (15 YES, GIV		cial security NO -05-6790	Earl T. Smi	th Jr. Ell	kton, Md.	
c even		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	D BY	UCPAT	IC FAILLIR	C	APPIOXIMA SETWEEN ON	ATE INTERVAL
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shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES OF YES	
or Item 18		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MC	Y ONTH DAY YEA		RRED LENTER NATURE OF INJUI	RY IN ITEM 18, PART I OR PART 2]	
marked o	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJUI (AT HOME, STREET, FACTO	RY DRY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR YOU	WN COUNTY	STATE
em 21 is		220 I certify that (1) (this hosp saw the deceased alive on above, (1) (we) (did) (did no	9/9	19 80	and that in (my) (our) apinion	, ta	19_84, the ate and hour and from the co	at () (we) lo
NT: If It		276 SIGNATURE	. A. Cal	el		MEDICAL STAI	FF 9-11-	
MPORTAN		224 PHYSICIAN'S NAME TYPE O	PATEL	( M.D	THE ADDRESS WE AN	ex D	c/	
		URIAL CREMATION, REMOVAL Burial	9-15-80		CEMETERY OF CREMATORY  ry Annes	23d LOCATION CITY OF TOWN North Ea	st Cecil Md	STATE
6 25M 4) 1/79	24 FL	NAME NAME	Bruch N	orth East	Md. SEP1	TE REGISTRAL	PSI REGISTRATES PONATUR	₹E

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19 Stoney Chies Court		gorala	Cecil	
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		n as roll		

riends Burial Ground

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DHMH - 16 60M 1/75 (VRA 15 (4))

(SPECIFY)

24 FUNERAL DIRECTOR

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	1-	FOR STATE REGISTRAR			DEPARTA MEDICAL E	MENT OF HE	OF MARYLALTH AND A	MENTAL HY	0	Û REG	2 NO.	3 4	0	Ö
May		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST			OF ESTI-				h HOUR
Estable 3			Mar:	ion	F.		Todd		D	EATH MATED	/	25 19	80	Λ
A CO C S	3. SEX	ale	1 RACE negro	77 1	IRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 43 YRS.	MONTHS DAYS	R. IF UNDER 2		DATE NOUNCED DEAD	9 9	25 <sub>19</sub>	80 E	3:55
AN YOUNG	70 BI	RTHPLACE (		1 -0 8	OF WHAT COUNT		MARRIED 1	ISUS IL ABBIS	9 B	ALTIMORE CIT	Y OR COUN		_	
VECES S FOR VITE	10	REIGN COUNTRY)			d State		WIDOWED	DIVORCE	D IX C	ecil Co				ME
PAGE PAGE FILED		Elkton	OF DEATH	(IF NOT IN SI	HOSPITAL, NUR UCH FACRITY, GIVE SH ON HOSPIT	REET ADDRESS)	OR OTHER INSTI	TUTION	FORMOST	OCCUPATION ( OF WORKING LIFE  OCR PRIV			OF BUSI	NESS
DER 3 TO BE REDS, RDS,	USUA	L RESIDENCE		E OR OTHER INSTITUTE	ON, GIVE RESIDENCE E	BEFORE ADMISSION								
AND AND RETA HOUL RECO	121	arilaro	<u> </u>	ecil	13c. CITY	PRIOWN	YES [			reffiel	d Far	k		
ATH. 1.2		THER'S NAME		MIDDLE	4	AST	15. MO1	HER'S MAIDEN	NAME	MIDDLE		T LAST	,	
AN AN OFF		Tarry.	D EVED INTLE	RMED FORCES?	144 500	IAL SECURITY N	IO IT INFO	RMANT		/1, ADDRI	ess A	1 odo	-	,
AFTER NVE PA TH FOI NGES 1	13	ES, NO, OR UNKNO	WN) (IF YES, G)	VE WAR OR DATES)		-26-421			d. To	dd, 2050	176	evank, sant v	all	la.
BE EXECUTED WITHIN 24 HOUNDING." IN PENCIL IN ITEM 18, WEDING. LEXAMINER ALONG VARIATIONS AS A BURIAL TRANSIT PERMIT ATH AND MENTAL HYGIENE. DATON, OR REMOVAL.	7 NOT	Condition gove ricouse (or lying cou	IMMEDI ins, if any, white se to immedia stating the under use last.	DUE TO  the (b)_ DUE TO  the (c)_ ONS CONTRIBUTING TO	Preumo  Pneumo  O, OR AS A CONS  O, OR AS A CONS  OEATH BUT NOT RELAT	NIA SEQUENCE OF	al disease or condi		T1 a					NO DEATH
HEF / USED OF HE/L, CRE	CERTIFICATION	19a DATE OF	OPERATION	19b CC	ONDITION FOR V	VHICH OPERAT	ION WAS PERF	ORMED?				20 AUT		NO []
FICATE SI THE WOR TO THE COULD BE RITABENT (	CAL CERTI	UNDERLYING	CAUSE WAS	HOUF	ME OF INJURY R A.M. MONTH P.M.	DAY YEAR	The HOW INJU	RY OCCURRED	(ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR P		200	NO L
WRITING VARDED VACE 3 SH AGE 3 SH ATE DEPA	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK		ACE OF INJURY T. FACTORY, FARM, ET	(AT HOME.	211 LOCATION STREET		CIT	Y OR TOWN	C	OUNTY		STATE
CAL EXAMINER: THE CERTIFICATE, SHOULD BE FORW RAL DIRECTOR: P. ATH. WITH THE ST. WITH THE ST. WARYLAND, 217.		22a. I certi death result ACTUAL SIGNATURE		tural causes X	ns described obov	ve, held on Suici	TITLE	Inspection micide (SPECIFY) sistant	Undetermin	ned monner E	ond in my o	-16	5-80	
MEDIC SCUTE 1 SE 4 S FUNEI FER DE/ TIMOR		EXAMINER'S TYPE OR PRI	NAME NT)	Virgin	ia L. Do	lan, M.	DADDRES	s1	ll Per	n St.				
Bb Arra	(:	Buri.				AME OF CEME	TERY OR CREMA	ATORY	23d. LOCAT	sapeabe	City	Cecil	AT	E d
DHMH - 17 (VR A15 ME (5)) 15M 7/76	24 F	UNERAL DIREC	TOR	See Fun 259	enal Hor		tonid	25a. DAT	CT I REC	1980 R	JANES	SIGNATUR Y/XC	Bread	7

180 1 100 - Landing ...

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME 2n DATE OF DEATH MONTH [TYPE OF PRINT] 400 & AGE (IN YEARS LAST BIRTHDAY 4 RACE SEX 5 DATE OF BIRTH MONTH Mule an BIRTHPLACE ISTATE OF FOREIGN 74 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED umberland. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION MANOT INSUCH MACILITY, GIVE STREET ADDRESS Y TYPE OF WORK FOR MOST OF WORKING LIFE) laton Kepaliman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STATE 134 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS astle Vell Neunna YESXX NO T

YEAR 2h HOUR IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR INDUSTRY , Denny Road 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST Freda information MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Denny Rd.. 120 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARDIO-LES IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Light CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20h, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES NON YES T NO T 718 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 210 PLACE OF INJURY CITY OF TOWN COUNTY STREET STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 I certify that (1) (this hospital) ottended the deceased from saw the deceased alive on\_ , and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated obove, (I) (we) (did) (did not) view the body after death 221 DATE SIGNED 226 SIGNATURE DEGREE ATTENDING. MEDICAL STAFF PHYSICIAN K) DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

BP DHMH-16 25M

State D

FUNERA uld be de ORTAN

(VRA 15, 4) 1/79

24 FUNERAL DOL

236 DATE

Sent.

230 BURIAL CREMATION REMOVAL

I SPECIFY!

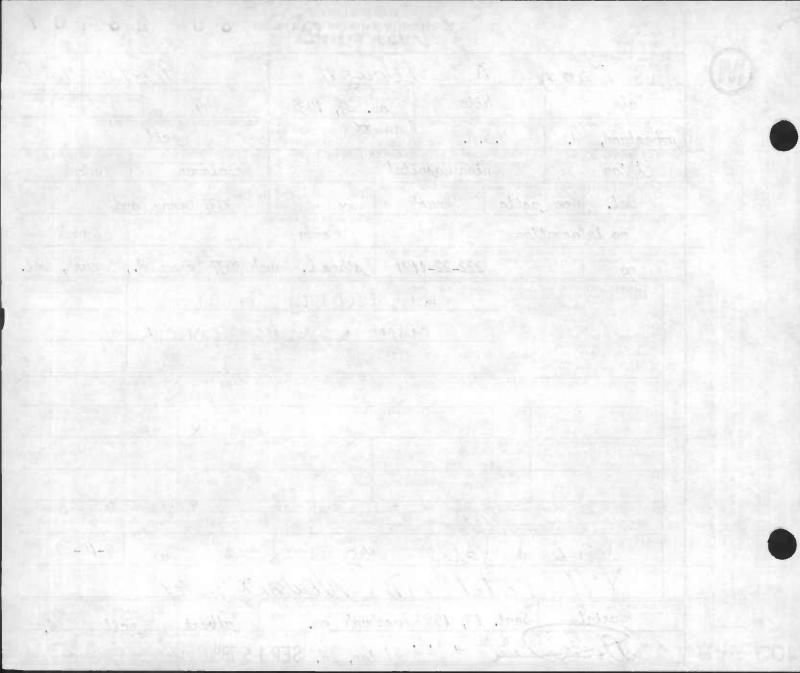
23c NAME OF CEMETERY OR CREMATORY Kosebank

23d LOCATION CITY OR TOWN

COUNTY BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE

25m DATE REC'D



BP. DHMH - 16 50M 7/77 (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PREST	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dearerained by the hospital ar attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may the retained by the hospital ar attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove corbon poperwith the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, ar ather troumatic event, the medical examiner mustibe natified at ance.	er troumatic event, the medical examiner mustibe natified at ance.
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FOR - STATE

STATE OF MARYLAND 3 DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

		REGISTRAR		CERTIFICATE OF DEATH								
		CEASED NAME FIRST OR PRINT)	WIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	(MAE	Malford		Whi							0 4:25	
	3 SEX	(	4 RACE	5. DATE O			6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS.	RIYEAR	IF UNDER 24 H	_
		Male	White	Oct		1908	71	YRS	MOITING	UAIS	I I I	
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	NEVER M	ADDIED (	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH		
2		Maryland	U.S.A.	WIDOWE	D DN	ORCED		Ceci	1			MD.
6	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		R OTHER INST	ITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O		IEE IND	KIND O	F BUSINESS	OR
5	Pe	erry Point		Point, M	laryland	1	Mason				truct	tio
5	13a. S	AL RESIDENCE (IF NURSING HOMEOF STATE TO THE TOTAL CREATER TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH	ROTHER INSTITUTION, GIVE RESIDENCE INTY  130 CITY OR  HOTE  TOTA  White	TOWN	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 4416 Nor	risv	ill	e R	on.d	
-	14_FA	THER'S NAME	MIDDLE LAST			MAIDEN NAM	MIDDLE	35 3		LAST	ī	
1		James	Wh:			Amy				atom .	kman	
1	16a W	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIALS	SECURITY NO	17 INFORMAL	VT	ADDRE	SS				
jan		Yes		20-9590	Sylvi	a V. V	White s	ame		abo		
		18 CAUSE OF DEATH Enter or				4-14				APPROXI	MATÉ INTERVAL ONSET AND DEA	ТН
		PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (0)  Acute Myocardial Infarction										
		410 - DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which gave rise to immediate											
		couse 10 stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF							9 3			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a									1		
100	CERTIFICATION	190 DATE OF OPERATION	HICH OPERATION	N WAS PERFO	RMED	20g AUTOPSY?	20b IF YE	S. WERE	FINDIN	NGS USED	_	
K	IFIC	THE DATE OF OFERALORS					YES NO YES YES			OF DEATH?		
5	ER								PART 2)			
1												
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	14	21f LOCATIO	N		37.00				
	ME.	WHILE AT WORK AT WORK	(AT HOME STREET FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY OR TOV	/N	COU	MTY	STATE	
			atal attended the deceased fr	om_ A110115	t 30	19 80	to Septemb	or 1	919	80.	KXXXXX	136)
	15	220   certify that (I)   this haspital offended the deceased from August 30 19 80 to September 1919 80 NXNXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
		276 SIGNAYURE / / DEGREE 276 DATE SIGNED										
	1.5	ROLL Chesting Medical STAFF PHYSICIAN   DIRECTOR   PHYSICIAN								1-10	-80	
1		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRES			-		1-17	00	
		Roy W. Chesi	nut Jr MD		VAMC	Perry	Point, Mar	arl and	4			
_	230 B	BURIAL CREMATION REMOVAL		23c NAME OF C			23d LOCATION	YLAIN				
	(5	SPECIFY) Burial	9/23/1980	Rel Ai	ir Mem	Con	Bel hir	Н	RITT		STATE	
	24 FL	FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR										
	P.	urtz Funeral Ho			ervland	SEP	2 2 1980	roto	y/A	alru	andy .	
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## OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN The retained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal.

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medical

MPORTANT If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the

STATE OF MARYLAND

250 DATE REC'D. BY REGISTRAR 256 RED STRARS SIGNATURE

1980

1.	STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO	6 3 9 0 7		
	CEASED NAME FIRST FIRST FOR PRINT)	A E. U	JHITTING TON	Sept DEATH	25 1980 7.30		
3 SE	Femalo 1RA	CE	5 DATE OF BIRTH MONTH DATE 17 1904	76 M	MONTHS DAYS HOURS MAN		
7a B	IRTHPLACE ISTATE OREOREIGN 76 C	ITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	COUNTY OF DEATH		
10 C	MURICA 11.	NAME OF HOSPITAL, NUR (IF NOT PRUGHE QUITY CALESTR	SING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATIO			
USU 131	AL RESIDENCE (IF NURSING HOME OR OTHER SYATE 136 COUNTY	R INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION) DWN 13d INSIDE CITY LIMITS? YES NO	The Street Cone of	Levia M.		
	William MIDDLE	THOME	is MOTHER'S MAIDEN NA MATH	AME	Broxton		
	WAS DECEASED EVER IN U.S. ARMED YES, NO ORUMNOWN) (IF YES, GIVE WAR (		0-5116 George F.	Fiereo-C	Hosepale Etynd		
No	Conditions, if any, which gove rise to immediate cause in stating the underlying cause last	DUE TO, OR AS A CONSECT DUE TO, OR AS A CONSECT DUE TO, OR AS A CONSECT DUTIONS CONTRIBUTING TO		MINAL DISEASE OR CONI			
CERTIFICATION		196 CONDITION FOR WHI	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO			
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	Y IN ITEM 18, PART I OR PART 2)  'N COUNTY STATE					
	22a f certify that (1) (this hospital) of sow the deceased olive on above (1) (we) (did) (did not view 22b. SIGNATURE	27 Sept 80 19 w the pody offer death	DEGREE  ATTENDING PHYSICIAN [	death occurred on the do	FIAN DATE SIGNED  Sept 80		
23a E	22d. PHYSICIAN'S NAME (TYPE OR PRINT Wallace Obensha		Cecilto  O. NAME OF CEMETERY OR CREMATORY  WATURE A	on, M D. @!(!	right county mired		

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